TITLE OF POLICY
Application Phase Summative Assessment and Grading Standards Policy

PURPOSE AND SCOPE
The purpose of this policy is to establish assessment and grading standards for Application Phase. This policy applies to all campuses.

RESPONSIBLE PARTY AND REVIEW CYCLE
Application Phase Committee reviews the policy annually or as needed, and Education Committee approves it.

LCME REFERENCE(S)
LCME 9.6: Setting Standards of Achievement
LCME 9.9: Student Advancement and Appeal Process

HISTORY OF APPROVALS AND UPDATES
Approved by Application Phase Committee and Education Committee March 2019

DEFINITION(S)
NA

POLICY
All courses at every campus adhere to the following assessment standards. Core assessments and corresponding percentages for a course remain the same across campuses.

Grades and all assessments utilize a 100-point scale. Grades of individual assessments are reported on a 100-point scale.

Categories of Assessments
The final grade must consist of assessments that fall in the following categories and are given the weights listed:

- NBME Shelf Exam 20%  (see section on Guidelines for NBME Shelf Exams)
- Integrated Clinical Exam 10% -20%
- Standardized Patient/Direct Observation 10% -20%
- Clinical Evaluation 30% - 50%
- Written Assignments 5% - 10%
- Professionalism 5% - 10%
Course Committee
Each clinical course has a committee composed of site directors and course directors. The committees meet once per course to assess student performance deficits, build consensus on final course grades, and work to ensure educational comparability. Course directors must attend in person; site directors can use telecommunications if unable to be on campus.

Final Grade Assignment and Narrative
The scale for final course grades is Honors/High Pass/Pass. These grades are assigned using the following guidelines.

- Honors: top 30-35%
- High Pass: middle 40-50%
- Pass: lower 20-25%

Summative narrative comments should include general comments on student performance as well as specialty-specific comments to include in the Medical Student Performance Evaluation (MSPE).

Students who score more than 2.0 SD below the mean on any assessment or the final composite grade will be reviewed by the course committee for course failure or remediation. The course committee will review performance of all students and decide by consensus if a student requires remediation or is not meeting course competencies. Students who fail will be required to retake the full course.

Students off cycle in the curriculum should be graded based on grading requirements from their original year of core clinical work when possible. This may not be possible for those who are significantly off cycle or missing significant pieces of the core curriculum. Criteria for students with “missing pieces” should be compared to those in final cohort of students from year. (e.g., if a student is sick on the day of OSCE and retakes it at the end of year, then their grade should be compared to those in the final cohort.)

Guidelines for NBME Shelf Exams
NBME shelf exams are used in all courses and represent 20% of the final grade of each course. For courses using more than one NBME shelf exam, the cumulative weight of each exam totals 20%.

- The shelf exam score is reported using the Equated Percent Correct Score, which is also used to calculate the final course grade.

- Failure on the shelf exam will be defined as scoring less than the 5th percentile of the national cohort for the quarter in which the student took the shelf exam (Central, Charlotte, and Wilmington). Asheville uses the average annual (versus quarterly) national data to determine percentiles for the end of year exams, except for Surgery which is taken earlier in the year and then compared to the appropriate quarter of the year.
• The Equated Percent Correct Score from the first attempt is used to calculate the student’s final course grade. The final course grade is calculated the same way for a student who failed the exam as the students who passed the exam, using the first-attempt shelf exam score. The student who fails the exam on the first attempt but passes the exam on the second attempt may be eligible for High Pass or Honors, based on the final numeric score. However, the failure of the first attempt is noted in the “For Deans Letter” comments in the school’s evaluation system.

• Shelf scores are not reported in the MSPE unless the student failed the first attempt or the student performed in an exemplary fashion, as defined as above or equal to 90th percentile of the national cohort for the quarter in which the student took the exam (or average annual for Asheville courses, except surgery). This information should be reported in the specialty-specific comments. Inserting this language is the responsibility of the site director.

• A plan for making up missed shelf exams or remediating failed shelf exams is developed on an individual basis for each student.

• The course director or regional site director must notify the Office of Academic Excellence when a student fails a shelf exam.

• If a student fails or delays two shelf exams or fails one and delays one, strong consideration should be given to discontinuing Application Phase until remediation can occur. However, once a student has initiated a block, they will not be withdrawn for shelf exam failures unless on a voluntary basis.

• For students who fail a shelf exam twice, clinical remediation is recommended for the course material covered on the shelf exam (content at the discretion of the course directors). If a student takes a shelf exam for the third time and fails again, they will receive a grade of F for the course, and the course committee will recommend that the student retake the entire course. The recommendations of the Student Progress Committee may override course committee recommendations.

Guidelines Pertaining to Other Components of the Final Grade

Integrated Clinical Exam:
• Practical competencies (students expected to score close to 100%).
• Weighting of scores should match Shelf exam percentage (20%).

Standardized Patient Exam or Direct Observation of Clinical Encounter with real patient:
• Direct Observation should be used both formatively and summatively. Each course must have a component of direct observation, which represents 20% of final course grade.

Clinical Preceptor forms must be submitted so that the release of final grades does not exceed 28 days after the last day of the course.